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Date: 2/23/17

DDS Cuts

Thank you to the co-chairs, Senator Osten, Senator, Formica, and Representative Walker and esteemed members of the Appropriations Committee. I am testifying today to urge the committee reject the \$25 million in cuts that the Governor has proposed to DDS.

My name is Paul Scrivano and I'm a Physical Therapist. Thank you for allowing me to speak today and share some stories of what DDS Therapists can accomplish. I've been a physical therapist for over 30 years. Most of my years have been working with people with developmental and intellectual disabilities. I've worked as a public DDS Physical Therapist, Per Diem DDS Physical Therapist in both CLA's and ICF Campuses in both the North and South Regions. I have had an extensive career working with the private sector for a variety of agencies including Public Schools, Private Special Education Classrooms (CREC), Day Programs (Goodwill, Sunrise Nor1h East), and Private CLA's (Sunrise Northeast, CRI) and many nursing home health agencies working with the birth to three population. As a DDS PT I have consulted with many day programs.

One thing that the administration and legislature needs to be aware of is that even though our public population has decreased, the need for physical, occupational, and speech therapy services will increase as the population ages. With the last round of layoffs, we lost the Perdiem PTs, OTs and Speech Therapists, Speech Pathologists, all of the COTA's (Certified Occupational Therapy Assistants) and many RTA's that worked specifically in the PT Departments. This caused quite a disruption on our service delivery for the regions. I can speak at length as to why these populations require intensive services, but given the limitations of testimony length for this committee, I can tell you that their needs are not adequately met.

I also want to outline the importance of the Hospital for Special Care Therapy Pool in New Britain. The pool is heated to 96 degrees and is accessible for all individuals. It's a wonderful program. Individuals develop friendships and social networks through the pool, and also got life-changing physical therapy.

One individual I worked with utilized crutches to ambulate short distances in his home. He was sick and hospitalized for a bowel blockage for over a week. One he returned to his group home he was scared to walk. He had a lot of fear. I spoke to the guardian and we decided to try the Aquatics program with him again. At his first session at HFSC he was able to walk in the pool holding onto the therapists hand for support. It was the first time he walked more than 2 feet in a month. The next day he was starting to walk with his crutches again. He was a success story as to how our DDS Therapists can work together to have a positive outcome for one of the individuals we provide therapy services to. Presently we do have an individual that lives in a private CLA that receives weekly aquatic Therapy at the Hospital for Special Care with Public DDS Therapy staff.

I have had individuals that required PT services but did not get the services they may have needed with community therapists. Many community therapists do not understand the special needs that people with intellectual disabilities have. There is no cookie cutter mold like we are taught in school, it takes time and experience. The DDS therapist will often have to spend more time when evaluating and treating an individual than insurance would allow for a community therapist to assess and treat. Relationships working with people who are medically fragile and have intellectual disabilities requires much time and patience. Trust is a big factor when working with this population. I require input from the DDS Direct Care workers that have known these clients for years to do a complete and thorough assessment

I was recently a DDS Case Manager for 2 and half years. As a case manager I got a bit disillusioned because the people we work with were no longer people. They were a Level of Need (LON) score. The LON is an assessment carried out by a team of individuals that comes up with a number. The higher the number the more medically and behaviorally involved the individual is. The higher the LON represents more money the individual can have for providing the services that they require. And I've noticed that as we are privatizing they're not considered a person anymore. They're considered a number. With privatizing our homes were basically selling the home and the people to live in them to the private providers that bid on them. To me, it feels like selling our individuals.

The Sensory Room at the Regional Center in Newington offers a wonderful opportunity for our public residents. Our public OT's will evaluate the individuals with ID and DD and develop techniques and strategies to improve their lives, such as desensitization and offering sensory experiences to decrease maladaptive behavior. They sometimes will treat individuals with Reiki and Manual therapy techniques with a team of therapists. If DDS had more OT/COTA/ PT staff these services could be offered to individuals in the private sector.

I urge you to disregard the Governor's budget cuts to DDS and work with us going forward to provide the best care for our families.